

## Meeting Guidelines:

- All actively participate
  - One speaker at a time
  - Turn off external communication
  - Each speak once; before anyone twice
- Maintain forward momentum
  - No substitutes – buddy up please.
  - Be prepared
- Value + encourage all perspectives

## Mandate and Process Review:

*Proposed only currently - alternatives possible*

*Task: Consider centralizing (fully staffed with single management) child care referral services as a statewide call (live person during business hours) and automated internet information system.*

*Goal (stated by Reeva)*

*Consistent experience for user*

*Access for all VT regardless of region*

*Make info/referral system available statewide at reduced cost (\$100,000 less)*

*Decision: Not by this group alone needs to go through AHS (Stephen Dale & Robert Hofmann)*

### Clarification of meaning for task:

What is a child care referral service?

- “Consumer Education”
- Helps parents make child care decisions(including what to look for, what is quality, what is the best match)
- Helps providers ID clients
- Transdisciplinary approach between resource & referral
- Help providers market
- Monitor supply and demand in communities
- Connection & relationship building in the community
- Help families & providers when they have child care questions & issues
- Provide immediate “crisis response”

Child Care Referral and Financial Assistance System  
Stakeholder Group Meeting Notes 9/16/2010

- Connect to other resources for specialized services. (Enhanced services) interface with providers, social workers
- Employer benefit – employer contacts
- Supporting families in emotional & practical aspects of finding child care
- Broader public education re: what to look for in quality care, good options “choices” in community.
- Recruitment of providers + enhanced capacity
- Connects to professional
- Referral services for prenatal through age 12 years.

Part of the charge for this group:

Clarity about “enhanced” service

“Enhanced” vs. “enhanced” for employer contracted services.

(still part of centralized child care referral services conversation)

- population specific with particular needs
- Crisis response

Regular referral

(part of the centralized referral services conversation)

- Reach Up
- All Vermont families

Not part of the charge for this group -

“Specialized” – is remaining local; moving to CIS not a potential part of the centralized system.

- High stress
- Child protection
- Specialized medical care

Child Care Referral and Financial Assistance System  
Stakeholder Group Meeting Notes 9/16/2010

Proposed only currently - alternatives possible

*Task: Consider centralizing (fully staffed with single management) child care referral services as a statewide call (live person during business hours) and automated internet information system.*

**Hopes:**

- We can have high quality child care referral services across all of Vermont – no matter where you are you get the same quality – current information (48 hours)
- Local knowledge & local connections are preserved.
- Tied to other economic services, so families don't need to go elsewhere & so all services more widely used
- Available to all families: interpreters (language, hearing, literacy)
- Consistent, accurate and up-to-date data statewide – available to users (families & service providers).
- People with mental health challenges can access
- Use of NACCRRAware better information & referral than BFIS
- User friendly internet system, current (local knowledge) and accessible – especially for those without internet or need additional help with IT & system. & public access.
- Same level of assistance for all families in finding services
- Allows common definition and language to ensure common service & consistency of understanding; enhance communications
- Services can be consolidated and save money; money is reinvested in the system & services.
- Internet has a live chat option
- Responsive to family needs
- Local community networks emerge intact & empowered to do what we built
- Retain relationships between parents, providers, and particular referral specialists (can reconnect with the same person when need more information; goal is continuity)
- One toll-free phone number that parents can call from anywhere
- Access to live person after “regular” business hours
- Public knows the referral system exists – marketing, publicizing important
- Parent learns through the process to begin to navigate the future on their own.
- Training for the parents
- Consistent referral process throughout the state.
- Effective integration with other child care support services that parents and providers depend on

Child Care Referral and Financial Assistance System  
Stakeholder Group Meeting Notes 9/16/2010

- Effective integration with other integrated child and family development services – identify other “opportunities” services needed (CIS +)
- Maintain access to local consumer education as supply & demand, other staff want local access, someone who knows the particular community (service providers) support matches
- Nobody loses a job – staff & parents who are in Reach Up stay in with child care
- Includes help in trouble-shooting – work through barriers including possible expulsion – education & assistance
- Identifies & provides additional information about what is happening in community re: recruitment, capacity, quality, children in need; to target our strategies and help in planning.
- Define “fully staffed” and identify the number of people and funding necessary to provide service

**Fears:**

- Cost shifting to locals; agencies & providers still doing work with less funds
- Schedule for implementation that makes success impossible
- Self-directed internet use will limit the ability referral to other services, get – discussion is lost knowledge missed, help opportunity gone. (list only)
- Not inter disciplinary , not accessing all benefits if internet only
- Centralized means not local enough, to have localized knowledge and connections
- Lose that personal relationship(time, efficiency, info – supply & demand data) between & parents, providers, and services
- Providers will not access system, consistency in update info.
- Savings – legislature use for more savings – need to be clear re: value of service
- money drives decision

**Goals: *Themes from the hopes and fears***

1. Equity in access to service across of Vermont— no matter who you are or where you are
2. Consistency in referral process
3. High quality referral services
4. Reliable, accurate and up-to-date information
5. Uses local knowledge and connects with local resources
6. Responsive to family needs
7. Through the process, parents are better informed consumers of child care services

### **Key Questions for Work groups for Meeting #2**

- What are the alternatives? (creative & possible/realistic)
- Are there examples of systems that are like we described, in other parts of the country or world? What can we learn from it – re: cost, utilization to apply here?
- What can we learn from other Vermont experiences? Including about timeframes & implementation issues (BFIS, ESD modernization, TANF, FSD differential response)

### **Homework:**

Review the questions independently

Identify any relevant research

If time permits, get the research to Laurie Smith who will get it out to the full group

Bring new information to meeting #2.